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## PART B - FEE(S) TRANSMITTAL

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Deborah L. Pishock

(Depositor's name)

*Deborah L. Pishock*

(Signature)

June 18, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/963,990	09/26/2001	George P. Livi	P51176	3345

TITLE OF INVENTION: CAENORHABDITIS ELEGANS CHEMOSENSORY BIOASSAY FOR SEVEN TRANSMEMBRANE RECEPTOR LIGANDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PARAS JR, PETER	1632	800-003000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Elizabeth Hecht

2 Edward R. Gimmi

3 Charles M. Kinzig

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SMITHKLINE BEECHAM CORPORATION, 200 North 16th Street, One Franklin Plaza,  
Philadelphia, PA 19103

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 2

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2570 (enclose an extra copy of this form).

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(Authorized Signature) *Elizabeth J. Hecht* (Date) \_\_\_\_\_ Reg No. 41,824

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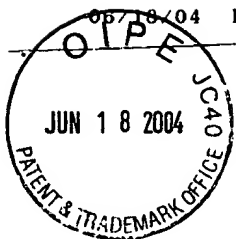
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**FAX****To** Mail Stop Issue Fee

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**Company** United States Patent and Trademark Office**Fax** (703)746-4000**From** Deborah L. Pishock for Elizabeth J. Hecht**Tel** (610)270-5979**Date** 18 June 2004 **Pages including cover** 6**Subject** Attorney Docket Number: P51176

US Serial No.: 09/963,990

File Date: 26 September 2001

**Deborah L. Pishock**  
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Dear Sir or Madam:

Attached for filing with the United States Patent Office are the following documents:

- 1) Completed Issue Fee Transmittal (1 page);
- 2) Amendment under 37 C.F.R. § 1.312(A) (4 pages).

Please file the attached documents and return a fax confirmation to our office at (610)270-5090.

Very truly yours,

Deborah L. Pishock  
Assistant to Elizabeth J. Hecht

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